

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 2 - 0 1 8

2. STATE:

Indiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1915g(1)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to Attachment 3.1-A, pgs 11-16
Attachment 3.1-A, Addendum Page 12

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$ 0b. FFY 2004 \$ 09. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Supplement 1 to Attachment 3.1-A, pgs 11-16
Attachment 3.1-A, Addendum Page 12

10. SUBJECT OF AMENDMENT:

Targeted Case Management for Individuals with Developmental Disabilities

11. GOVERNOR'S REVIEW (Check One):

- ☐
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Melanie Bella

13. TYPED NAME:

Melanie Bella

14. TITLE:

Assistant Secretary, OMPP

15. DATE SUBMITTED:

9/26/02

16. RETURN TO:

Melanie Bella
Assistant Secretary
Office of Medicaid Policy & Planning
402 W Washington, Rm W382
Indianapolis, IN 46204
ATTN: T. Brunner, Plan Coordinator**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

9/30/02

18. DATE APPROVED:

12/20/02

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

Cheryl A. Harris

21. TYPED NAME:

Cheryl A. Harris

22. TITLE:

Associate Regional Administrator
Division of Medicaid and Children's Health

23. REMARKS:

OCT 03 02 2002

RECEIVED

SEP 30 2002

DMCH/ARA

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
CASE MANAGEMENT SERVICES****Target Group:**

The target group consists of persons who are eligible for developmental disabilities services under Indiana Code 12-7-2-61(2). Developmental disability means a severe chronic disability of a person which (A) is attributable to a mental or physical impairment or combination of mental and physical impairments (other than the sole diagnosis of a mental illness); (B) is manifested before the person attains the age of twenty-two; (C) is likely to continue indefinitely; (D) reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated; and (E) results in substantial limitations in three or more of the following areas of major life activity: (i) self-care; (ii) receptive and expressive language; (iii) learning; (iv) mobility; (v) self-direction; (vi) capacity for independent living; (vii) economic self-sufficiency.

Areas of State in which services will be provided:

 X Entire State
 Only in the following geographic areas

Comparability of Services:

 Services are provided in accordance with section 1902 (a) (10) (B) of the Act.
 X Services are not comparable in amount, duration and scope. Authority of section 1915 (g) (1) of the Act is invoked to provide services without regard to the requirements of section 1902 (a) (10) (B) of the Act.

Restriction of Choice of Provider:

 Choice of provider is available in accordance with Section 1902 (a) (23) of the Act.
 X Under the authority of section 1915 (b) (4) of the Act, a waiver of 1902 (a) (23) of the Act is requested to restrict choice of provider.

The District Offices of the Indiana Bureau of Developmental Disabilities Services (Indiana Division of Disability, Aging, and Rehabilitative Services) or its designee and Area Agencies on Aging will provide the intake component of targeted case management. On-going case management providers will be entities that undertake to provide such services, and meet and comply with standards set by the Division of Disability, Aging and Rehabilitative Services.

Definition of Services:

Case management for individuals with developmental disabilities is a specialized form of case management. To receive case management services, the individuals must meet eligibility requirements established by the State. Case management services enable an individual with developmental disabilities to receive a full range of appropriate services in a planned, coordinated, efficient and effective manner to

promote the well being of the individual. Targeted Case Management consists of two components: Intake Case Management and On-Going Case Management. Together these two components include the responsibility for locating, managing, coordinating, and monitoring: a) all proposed services; b) needed medical, social educational and other publicly funded services, regardless of funding source; and c) informal community supports needed by eligible persons.

Under the authority of section 1915 (g) of the Social Security Act, case management services for individuals with developmental disabilities are those services that will assist eligible individuals to gain access to needed vocational, habilitative, social, and other services in the least restrictive community setting that is appropriate for the individual.

Intake Case Management activities include:

Initial Referrals and Applications - receiving referrals from individuals who need services, assisting individuals through the application process, disseminating information regarding programs and services, and providing coordination to resources.

Collection of Current Diagnostic Collateral – collecting documentation and information needed for final determination of eligibility for developmental disabilities services.

Requesting Assessments – identifying and requesting assessments needed for eligibility determinations and to plan services for individuals with developmental disabilities in the least restrictive setting possible. Assessments shall be authorized by the Bureau of Developmental Disabilities Services.

Eligibility Determination – determining initial eligibility for level of care and other non-Medicaid eligibility requirements established by the State. For all individuals, the Bureau of Developmental Disabilities Services must determine whether that individual is eligible for State-funded services for persons with developmental disabilities. If an individual is eligible for State-funded services, then a Qualified Mental Retardation Professional (QMRP) of the Bureau of Developmental Disabilities Services, its designee, an Area Agency on Aging, or the Office of Medicaid Policy and Planning must determine for all individuals whether that individual is eligible for services requiring ICF/MR level of care.

Communication With On-Going Case Manager – coordinating a smooth, seamless exchange of information with the On-going Case Manager chosen by the individual.

On-Going Case Management activities include:

Communication With Intake Case Manager – coordinating a smooth, seamless exchange of information with the Intake Case Manager.

Eligibility Determination – periodically determining eligibility for level of care and other non-Medicaid eligibility requirements established by the State. For all individuals, the Bureau of Developmental Disabilities Services must determine whether that individual is still eligible for State-funded services for persons with developmental disabilities. If an individual is eligible for State-funded services, then a Qualified Mental Retardation Professional (QMRP) of the Bureau of Developmental Disabilities Services, its designee, Area Agency on Aging, Office of Medicaid Policy and Planning, or an approved Targeted Case Management entity must determine for all individuals whether that individual is eligible for services requiring ICF/MR level of care.

Person Centered Planning Process – assisting the individual to participate in the process of person centered planning in order to discover the strengths and needs of the individual.

Service Planning - developing a long term and short term plan of services, based upon the needs and interests of the individual, and developing the financial support plan that is needed to support the services requested.

Linkages to Community Services – continuing the support of the individual's current needs with paid and unpaid community services, coordinating the selection of service providers to work directly with the individual, coordinating the transition plans with the selected provider and the individual, and assisting individuals to locate safe and appropriate housing.

Advocacy for the Individual – advocating for the consumer with providers and in the community.

Monitor Service Delivery and Utilization – monitoring to ensure quality of care by case reviews which focus on the individual's progress in meeting goals and objectives established through the service plan. Oversight of providers to assure services delivered are timely and of high quality and that service utilization is in line with authorized service amounts.

Oversight and Initiation of the Annual Assessment Process – identifying needs and interests and gathering other information needed to continue services for individuals with developmental disabilities in the least restrictive setting possible.

Coordination of Crisis Services – implementing procedures for quick response to consumers in crisis, including coordinating necessary actions, authorizing short-term services, and involving providers or other entities as needed to resolve the crisis. Responsibilities include close monitoring until the situation is resolved.

ICF/MR and Nursing Facility Transition Services – coordinating the transition of individuals with developmental disabilities from ICF/MR or nursing facility settings to community settings, following established procedures. Transition services would not duplicate discharge planning done by the facility. An individual may receive targeted case management services for up to six months prior to discharge from the facility.

Liaison Activities – maintaining professional communication between the consumer/guardian, service providers and the appropriate state agencies.

Incident Report Completion, Submission, and Follow-Up – completing and submitting incident reports to the State and following up on incident reports until difficulty resolved.

Monitor Consumer Satisfaction and Service Outcomes - monitoring and soliciting, at least annually, the satisfaction of the individuals receiving services. Utilizing a satisfaction tool approved by the State. Monitoring outcomes of service delivery.

Maintain Records – Maintaining appropriate records, including database per specifications of the State.

Eligibility to Receive Targeted Case Management:**Intake Case Management**

An individual is eligible to receive Intake Case Management if he/she is being evaluated for Medicaid-funded services for persons with developmental disabilities.

On-Going Case Management

An individual is eligible for On-Going Case Management if he/she is a current Medicaid recipient; and

1. The individual receives services under a Medicaid Home and Community-Based Waiver for persons with developmental disabilities; or
2. The individual, alone or with housemate(s), receives services with access to 24-hour supports; or
3. The individual has been determined eligible for State-funded services for persons with developmental disabilities and/or is on one or more waiting lists for services for persons with developmental disabilities.

If an individual receives case management services under a Medicaid 1915 (c) Home and Community-Based Services Waiver, he/she is **not** eligible for Targeted Case Management.

Qualifications of Providers:**Intake Case Management**

The District Offices of the Indiana Bureau of Developmental Disabilities Services, the designee(s) of the Bureau of Developmental Disabilities Services, and the local Area Agencies on Aging will provide the Intake Case Management component of targeted case management services for individuals with developmental disabilities. The entities providing Intake Case Management component of targeted case management services for individuals with developmental disabilities must meet the following requirements:

Employ case managers who meet the federal standard for Qualified Mental Retardation Professional (QMRP) at 42CFR 483.430 (a) (b) which provides that an individual:

- Employ case managers who meet the federal standard for Qualified Mental Retardation Professional (QMRP) at 42CFR 483.430 (a) (b) which provides that an individual:
 - 1) Has at least one year of experience working directly with persons with mental retardation or other developmental disabilities; **and**
 - 2) Is one of the following: MD, DO, RN, OT, OT assistant, PT, PT assistant, psychologist, social worker, ST, Recreational Therapist, Dietician.
or
 - 3) Has at least a Bachelor's Degree in a human services Field.

or

- Is a person who is employed in an Indiana State Personnel Merit System Professional, Administrative and Technological III (PAT III) position, and has at least one year of experience working directly

with persons with mental retardation or other developmental disabilities. The requirements for PAT III are:

- 1) Four years of full-time paid employment plus two years of full-time paid professional experience in program development, coordinator, or implementation;
- 2) Accredited college training may substitute for the required experience, except for the program experience, with a maximum substitution of three years;
- 3) Accredited graduate school training may substitute for the required experience with a maximum substitution of two years.

and

- Assure that case managers do not provide Targeted Case Management to any individual related in any degree by blood or marriage.

Persons who are certified to provide case management under 1915 (c) waivers for persons with developmental disabilities on September 30, 2001, are eligible to provide targeted case management after September 30, 2001; however, ICF/MR Level of Care determinations for 1915 (c) waiver applicants must be made by a QMRP as defined at 42 CFR 483.430.

On-Going Case Management

Entities providing the On-Going Case Management component of targeted case management services for individuals with developmental disabilities must meet the following requirements:

- Gain approval from the Indiana Division of Disability, Aging and Rehabilitative Services (DDARS) to perform targeted case management.
- Demonstrates the capacity to provide all elements of case management services.
- Demonstrates experience with the needs of individuals with developmental disabilities.
- Demonstrates experience in coordinating and linking such community resources as required by individuals with developmental disabilities.
- Demonstrates a financial management capacity and system that provides documentation of services and costs, as well as ensures capacity to deliver services without interruption.
- Demonstrates a capacity to document and maintain individual case records in accordance with State and Federal requirements.
- Employs Targeted Case Managers who meet the federal standard for Qualified Mental Retardation Professional (QMRP) at 42CFR 483.430 (a) (b) which provides that an individual:
 1. Has at least one year of experience working directly with persons with mental retardation or other developmental disabilities; **and**
 2. Is one of the following: MD, DO, RN, OT, OT assistant, PT, PT assistant, psychologist, social worker, ST, Recreational Therapist, Dietician, **or**
- Has at least a Bachelor's Degree in a human services field.
- Employs Targeted Case Manager Designees who meet the following qualifications and who perform functions under the direction and supervision of the Targeted Case Manager:
 1. Has at least a 4-year college degree with no direct-care experience, **or**
 2. Has a high school diploma, or equivalent, and at least 5 years experience working with people with mental retardation or other developmental disabilities.
- Assures that case managers and case manager designees do not provide Targeted Case Management to any individual related in any degree by blood or marriage.

Persons who are certified to provide case management under 1915 (c) waivers for persons with developmental disabilities on September 30, 2001, are eligible to provide targeted case management after September 30, 2001; however, ICF/MR Level of Care determinations for 1915 (c) waiver applicants must be made by a QMRP as defined at 42 CFR 483.430.

Free Choice of Providers:

Targeted case management services for individuals with developmental disabilities will not restrict the individual's free choice of providers of other Medicaid services, nor will targeted case management be used to restrict access to other services available under the plan.

For individuals entering the system of targeted case management, an automatic assignment process will be used to assign Intake case managers under the following conditions:

1. If the individual or his/her guardian requests automatic assignment of a case manager to assist them through the process; **or**
2. If the individual has been targeted for a 1915 (c) HCBS waiver slot and has not chosen an case manager within 28 days after being presented with a list of case managers.

If the automatic assignment process is utilized, the automatically assigned case manager, within 45 days of accepting the automatic assignment, must present to the individuals a list of Ongoing case managers and inform the individuals of their choices. Individuals may change case managers at any point, including during the 45 days of automatic assignment.

The Bureau of Developmental Disabilities Services district offices are responsible for assuring that all individuals in the automatic assignment process are given a choice of case managers.

Any entity meeting the State's requirements who wishes to become a Medicaid provider of targeted case management services may be given the opportunity to do so.

Duplication of Services:

Payment for targeted case management services for individuals with developmental disabilities under the Plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

TN No. 02-018
Supersedes
TN No. 02-002

Approval Date DEC 20 2002

Effective Date 7/1/02

19. Targeted Case Management for:
Persons with HIV
- Provided with limitations.
Coverage is limited to a maximum of 32 hours per calendar quarter per recipient. Reimbursement is subject to the criteria set out in the Care Coordination Services section of the Indiana Health Coverage Programs Provider Manual.
- Pregnant Women
- Services are limited to one initial assessment per pregnancy, one reassessment per trimester following the trimester in which the initial assessment is completed and one postpartum assessment per child per pregnancy. Mileage reimbursement is limited to a maximum of two round trips per initial assessment and reassessment completed, and one round trip per postpartum assessment completed.
- Individuals identified as Seriously Mentally Ill or Seriously Emotionally Disturbed
- who is an employee of a provider agency approved by the Division of Mental Health under IC 12-25. Reimbursement is subject to the limitations set out in 405 IAC 5.
- Individuals with Developmental Disabilities
- Reimbursement is available subject to the criteria set out in Supplement 1 to Attachment 3.1-A, pages 11-16.
- Elderly and Disabled being diverted or deinstitutionalized from NFs
- Coverage is limited to services set out in Supplement 1 to Attachment 3.1-A, pages 17 through 19.
20. Extended Services for Pregnant Women
- Provided with limitations.
- 20.a. Pregnancy-related and postpartum services for 60 days after the pregnancy ends
- Coverage is limited to legend and non-legend drugs, prescribed for indications directly related to the pregnancy and routine prenatal, delivery and postpartum care, including family planning services. Additionally, transportation services, to and from the aforementioned services, will be provided. Payment for pregnancy-related services is subject to prior authorization in accordance with the guidelines set out in 405 IAC 5.
- Additional services provided to pregnant women only
- Case management services as described in #19 above.
- 20.b. Services for any other medical conditions that may complicate pregnancy
- Reimbursement is available subject to the limitations set out in 405 IAC 5. A service for any other medical condition that may complicate pregnancy is a service provided to a pregnant woman for the treatment of a chronic or abnormal disorder, as identified by ICD-9 diagnosis codes 630 through 648.9 and 652 through 676.9, as well as urgent care. Urgent care means a service provided to a pregnant woman after the onset of a medical condition manifesting itself by symptoms of sufficient severity that the absence of medical attention could reasonably be expected to result in a deterioration of the patient's condition, or a need for a higher level of care.